

Best Available Copy

ISSUE SLIP SAMPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CP</i>	<i>68461</i>	<i>7/1/99</i>
O.I.P.E. CLASSIFIER	<i>/</i>	<i>68461</i>	<i>7/18/99</i>
FORMALITY REVIEW		<i>68461</i>	<i>7/20/99</i>

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
" ..... Allowed I ..... Interference  
(Through numeral) ..... Canceled A ..... Appeal  
..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-10-2000
2	✓	✓	11-10-2000
3	✓	✓	11-10-2000
4	✓	✓	11-10-2000
5	✓	✓	11-10-2000
6	✓	✓	11-10-2000
7	✓	✓	11-10-2000
8	✓	✓	11-10-2000
9	✓	✓	11-10-2000
10	✓	✓	11-10-2000
11	✓	✓	11-10-2000
12	✓	✓	11-10-2000
13	✓	✓	11-10-2000
14	✓	✓	11-10-2000
15	✓	✓	11-10-2000
16	✓	✓	11-10-2000
17	✓	✓	11-10-2000
18	✓	✓	11-10-2000
19	✓	✓	11-10-2000
20	✓	✓	11-10-2000
21	✓	✓	11-10-2000
22	✓	✓	11-10-2000
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28	✓	✓	11-10-2000
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30	✓	✓	11-10-2000
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46	✓	✓	11-10-2000
47	✓	✓	11-10-2000
48	✓	✓	11-10-2000
49	✓	✓	11-10-2000
50	✓	✓	11-10-2000

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
state additional check fees